

COUNTY OF SAN BERNARDINO

Question and Responses to Vision Care Benefits

RFP HRD 09-001

1. I do not see the current EyeMed vision plan rates in the quote request. I know they have to be there because the quote is so complete and has everything in it that I have to be missing it. Can you please direct me to the page/section of the quote where I can find the rates?

Rates during the last three years have been:

General	\$2.07
Safety	\$4.58
Exempt	\$5.43

2. There is a discrepancy in the total at risk requested for the PG's. What is the actual risk of the performance guarantees? 10% total yet categories add up to 15%

Individual categories have their own risk. It would be highly unusual for a carrier to experience a penalty in each and every category. The maximum penalty is 10%.

3. Can you please confirm the number of claims for the General group, Safety and Exempt for the most recent time period 7/1/07-6/30/08?

	<u>Exams</u>	<u>Materials</u>
General	4,088	4,111
Safety	1,313	1,239
Exempt	489	519

4. Is the County of San Bernardino self-funded or fully insured with the current vendor?

The County's vision benefits are currently fully insured.

5. Exhibit 4- Eligibles and Claim History. Can you please confirm that under the General employees column, the \$4.03 figure represents the cost of vision claims broken down on a per employee per month (not bi-weekly) basis?

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The claims under the General employees column represent claims on a per employee, per month basis.

6. Exhibit 4- Do the \$8.83 and \$11.85 claims cost figures for Safety and Exempt members include employee, spouse and children? Are these figures broken down to per employee per month or per member per month?

The claims under Safety and Exempt employees column include employee, spouse and children, and these figures are expressed on a per employee, per month basis.

7. Under Implementation, questions 77 and 78 have blank spaces for enrollment dates. Can you please confirm the dates?

Open Enrollment for the County occurs the first 3 weeks in June. Vision is automatically provided by the County.

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8. Section IV -Scope of Work D. 12. - Provide a final contract to the County by March 1 of each year, subject to any changes to be implemented by the County.

The tentative approval by the Board as outlined in the Proposal Timeline is listed as March 31, 2009. The Scope of Work section requests final contracts by March 1 each year and the Performance Guarantee (exhibit 6) sections each request final contracts be provided by April 1 each year. Please clarify the date the final contract is expected by the County.

Please provide the final contract by March 1 of each year and renewal rates 180 days prior to contract termination.

9. Appendix A - Questionnaire - Implementation

77). Indicate your ability to meet an open enrollment period of June 1 through _____ if the County should elect a voluntary vision plan for dependents.

Please provide the Open Enrollment date range requested.

This is a duplicate question (please refer to Question 7 above).

10. Appendix A – Questionnaire - Implementation

78) Indicate your ability to provide communication materials, including a description of benefits, exclusions and limitations and provider lists by **March 1st**.

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11. Is the benefit frequency based on plan year or date of service? For example, is the member eligible for benefits 365 days after using their benefit (date of service), or are they eligible again at the set date each year?

The benefit frequency occurs 12 months (365 days) following the last date of service.

12. Are you looking for an ASO quote or a fully insured quote from us, or both?

The County is seeking quotes for ASO fees and fully insured rates.

13. Please explain your ASO language in Exhibits 3A, 3B, 3C and 3D.

The Self-Insured section requests ASO fees and Estimated Claims (costs) on a Daily, Bi-Weekly, and Monthly basis. The Daily, and Monthly fees and costs are used by the County for COBRA participants, and the Bi-Weekly fee and costs are used for all other eligible Employees.

14. What the current rates for this ASO or fully insured Vision plan?

This is a duplicate question (please refer to Questions 1 and 4 above).

15. Please send the current in-network benefit Reimbursement Schedule for the current vision plan.

The current booklet showing in-network benefit Reimbursements is available on the County's Purchasing website (<http://www.sbcounty.gov/purchasing/>).

16. Please explain the Daily, Weekly, Monthly ASO rates (page 45) request.

This is a duplicate question (please refer to Question 13 above).

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17. Can you please send the current detail experience for this group for the past 2-3 years for either the ASO or fully insured plan (or both if applicable) so we can give you as accurate of an estimated claims cost projection based upon the group's past experience.

Exhibit 4 of the RFP provides a breakdown of claims information by employee group for the past 6 years (through June 2008). In addition, responses to Questions 1 and 3 above provide additional information relating to rates and the number of claims.

18. Please verify that the contact information on page 3 for Kevin Rowe and the County is correct. Please note that on page 43 of the proposal it mentions Linda Pierce as the broker contact so is she also to receive copies of the RFP at the location mentioned in Foster City. Please confirm the number of copies that are being requested and to whom and where they are to be sent.

The information contained on pages 3 and 53 of the RFP is correct; however, the Proposal Submission Deadline has been extended from 4:00 pm on November 3 to 4:00 pm on November 10, 2008. All other dates remain the same.

Please refer to Addendum#2 for additional information.